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Addendum

World Health Organization

Activities on the health of indigenous peoples and marginalized ethnic populations

Executive summary

The governing body of the World Health Organization (WHO), the World Health Assembly, has adopted a number of resolutions requesting actions with respect to indigenous peoples at national and regional levels. In one resolution the Assembly called for a global plan of action to improve the health of indigenous peoples. A global strategy was adopted to further the specific actions to be undertaken in different fields of health, including indigenous health issues. In the present report, WHO has provided a listing of publications relevant to indigenous peoples and information on the work of its regional organization, the Pan American Health Organization (PAHO), on indigenous peoples. PAHO has undertaken an evaluation of the achievements in the health of indigenous peoples in Latin America in the context of the first International Decade of the World's Indigenous People, with emphasis on the areas tackled by the Millennium Development Goals. The main conclusions of the evaluation and a table listing the discrepancy between indigenous peoples and mainstream society are included in the report.

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I. Introduction

1. The governing body of the World Health Organization (WHO) is the World Health Assembly, and the organization's mandate with respect to indigenous health stems from Assembly resolutions. The Assembly has adopted a number of resolutions requesting action throughout all levels of the organization. Key among them was resolution 54.16, in which the Assembly called for a global plan of action to improve the health of indigenous people. The outline of a Global Strategy was prepared in consultation with all WHO regions and presented to the fifty-fifth World Health Assembly in May 2002.

2. In resolution 55.35 the Assembly adopted the Global Strategy with the recommendation that the secretariat work closely with interested member States and the Permanent Forum on Indigenous Issues in elaborating it further. The strategy recommended action in five areas: (a) health and demographic data and information; (b) health promotion; (c) health systems and access to care; (d) influencing the determinants of health; and (e) promoting enhanced political commitment and national capacity. WHO is currently working on further developing the strategy, through consultations at the regional and country levels.

II. Past and current activities of the World Health Organization

A. Publications

3. Below is a listing of WHO publications relevant to indigenous health, including work of the organization's regional and country offices related to indigenous health.

(a) The WHO office in Viet Nam published *Health and Ethnic Minorities in Viet Nam*, in June 2003;

(b) *Traditional Medicine Strategy 2002-2005* aims to protect and preserve indigenous traditional medicine knowledge and to facilitate increased recording and preservation of indigenous knowledge of traditional medicine, including development of digital traditional medicine libraries;

(c) Following a wide consultative process, the WHO secretariat, in conjunction with the Centre for Indigenous Peoples' Nutrition and Environment, in 2003 published a booklet, *Indigenous Peoples and Participatory Health Research*, as a draft for further comment and elaboration. In the publication, it is emphasized that "Health research involving indigenous peoples, whether initiated by the community itself or by a research institute, needs to be organized, designed and carried out in a manner that takes account of cultural differences, is based on mutual respect and is beneficial and acceptable to both parties";

(d) WHO also published the *Global Compendium of Indigenous Health Research Institutions* (2001). This is a comprehensive listing of the major academic and government institutions worldwide engaged in research on the health and well-being of indigenous and tribal peoples, or in the provision of information which supports health research;

(e) *The Mental Health of Indigenous Peoples: An International Overview* (1999) offers an overview of the sociocultural and socio-economic worlds in which indigenous people live; a survey of epidemiological information about mental health problems among indigenous people; and, recommendations on ways to support efforts by the indigenous people of the world to address mental health problems;

(f) *The Health of Indigenous Peoples* (1999) presents information on the socio-economic and health conditions of indigenous people around the world. The document also discusses traditional and Western healing systems and presents information on health-related initiatives, including the WHO/Pan American Health Organization (PAHO) health of the indigenous peoples initiative;

(g) Several publications relate to the Indigenous People and Substance Abuse Project (1998). Many of these focus on community development action, a process to assist indigenous communities to work with problems relating to psychoactive substances.

B. Data collection and disaggregation

4. Systematic information on demographics and health statistics concerning indigenous peoples or ethnic populations is scarce. Data and evidence from research on issues of health and ethnicity is sporadic, often small-scale and methodologically inconsistent. Results are therefore not generalizable, and prove insufficient to inform policy. Data quality varies greatly. Despite this, a general pattern indicates that indigenous peoples and marginalized ethnic populations in many countries have lower life expectancy and health status than other population groups.

5. WHO disaggregates health information with respect to gender, age and, in many cases, poverty. Where appropriate, within a national setting, information will also reflect ethnicity. All of WHO's work with countries reflects agreed WHO cooperation strategies and is designed to help national health authorities pursue and realize the Millennium Development Goals.

6. WHO anticipates supporting country work to disaggregate data with respect to relevant variables. However, there are a number of technical and political constraints to accessing reliable data disaggregated by ethnicity.

C. Additional work completed and ongoing at headquarters

7. The Traditional Medicine Programme at WHO provides normative and country programme support to member States to help them develop their traditional medicine systems and integrate them into their national health-care systems to ensure the appropriate, safe and effective use of traditional medicine.

8. An international Consultation on the Health of Indigenous Peoples was held at WHO headquarters in November 1999. A series of recommendations aimed at improving the health of indigenous populations was made by the indigenous participants, and the indigenous caucus held parallel to the meeting drew up and adopted the Geneva Declaration on the Health and Survival of Indigenous Peoples (WHO/HSD/00.2).

9. WHO is in the process of writing a publication that will focus on the health situation of marginalized ethnic population groups, including indigenous and tribal peoples, from a human rights perspective.

D. Regional activities

10. Since 1993 PAHO has implemented systematic actions with regard to indigenous health in compliance with resolutions CD37.R5 (1993) and CD40.R6 (1997). PAHO technical cooperation and the actions of the member States are based on the principles of the Health of the Indigenous Peoples Initiative. These principles are: the need for a holistic approach to health; the right to self-determination of the indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations.

11. Implementation of the two resolutions followed the guidelines of three action plans: (a) the PAHO/WHO action plan 1995-1998 for the implementation of the initiative in the region of the Americas; (b) strategic framework and action plan 1999-2002 on the Health of the Indigenous Peoples Initiative and, currently; and (c) strategic guidelines and action plan 2003-2007 on the Health of the Indigenous Peoples Initiative.

12. Work to date has been concentrated in the following five areas: building capacity and alliances; working with member States to implement national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical and public information.

13. In summary, the Health of the Indigenous Peoples Initiative has been characterized by its capacity to convene the efforts of the programmes promoted by PAHO and the proposals of the countries themselves. Currently, there are projects and/or inter-programmatic activities in the following areas: integrated management of childhood illness, malaria, tuberculosis, reproductive health, water and sanitation, maternal and child health, virtual campus, mental health, alcohol and substance abuse, human rights, sexually transmitted infections — HIV/AIDS, social exclusion, elders' health, oral health, eye health, rehabilitation and access to water and sanitation.

14. The Initiative has been effective not only in advocating for the well-being of the indigenous peoples of the Americas in regional, national, and local forums, but also in forging strategic partnerships and networks that have promoted processes in order to improve the health conditions of these peoples. Results to be highlighted include networks of collaboration, policy-making, strategies, plans and projects, as well as institutional, community and human resources development programmes.

15. PAHO has had a significant involvement in the Permanent Forum on Indigenous Issues and in inter-agency activities, for example, with the Inter-American Development Bank, the World Bank, the Organization of American States, bilateral cooperation agencies, the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean, the Office of Alternative Medicine of the National Institutes of Health of the United States and the indigenous health services of Canada and of the United States. The establishment of subregional and national networks on health of the indigenous peoples has been

promoted in the countries of the region. An inventory of institutions that work in indigenous health is available for the Central American countries.

16. PAHO support in national processes has influenced compliance with the international agreements, the development of public health policies, and the establishment and/or development of technical units in charge of the health of the indigenous peoples as well as national initiatives in 19 countries of the region: Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Dominica, Ecuador, El Salvador, United States, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Venezuela (Bolivarian Republic of). Resolutions CD37.R5 (1993) and CD40.R6 (1997) and the plans and directives of the Health of the Indigenous Peoples Initiative have provided the framework in several countries for the development of initiatives, policies, programmes and national projects. The involvement of indigenous representatives in the technical cooperation actions has been a permanent priority.

17. The conceptual and methodological development of the intercultural approach to health based on the concrete experiences of member States has been an important reference for health care in indigenous communities in improving the efficacy of the delivery of health services, taking into consideration indigenous resources, prospects, practices, therapies and medicines. This became evident, for instance, in six case studies on the incorporation of the practices, therapies and indigenous medicines in primary health care carried out with the Mapuche of Chile, Nahuatl-Pipil of El Salvador, Mayan of Guatemala, Garifuna of Honduras, Ngöbe-Buglé of Panama and Kechwa of Peru. The results of the case studies and an extensive literature review on the subject gave rise to the formulation of strategic guidelines for the incorporation of indigenous practices, therapies and medicines in primary health care.

18. An important aspect has been the basic and permanent education of the health workers who provide care in multicultural communities and the development of modules for the training of indigenous and non-indigenous human resources in the intercultural approach, for example, in Bolivia, Brazil, Ecuador, Guatemala, Honduras and Nicaragua. Several seminars and technical meetings have responded to the priority expressed by the countries of the region to develop the knowledge and capacities of health workers in order to include and respond to the needs of the health of the population in a culturally diverse context. In the methodology of adaptation and development of instruments for an intercultural approach of priority programmes such as the Integrated Management of Childhood Illness strategy, the Roll Back Malaria initiative, the Water and Sanitation Programme and HIV/AIDS, among others, the production and dissemination of technical, scientific and public information has enabled PAHO, not only to socialize the experience accumulated by the countries but also to affect the production and use of the knowledge of the health of the indigenous peoples (see the annex to the present document).

19. Although progress has been made in addressing the health needs of indigenous peoples, a variety of studies support the need for renewed efforts to address the serious and pervasive inequities that still exist in health status and health service coverage. Therefore, based on the Health of the Indigenous Peoples Initiative and the evaluation of the International Decade of the World's Indigenous Peoples carried out in 2004, the Health of the Indigenous Peoples of the Americas Programme has been established as a new space to deepen, expand and consolidate projects related

to the development of the health of the indigenous peoples of the region. The goal is to contribute to the achievement of equity in the Americas in a context of recognition and respect of cultural diversity of the peoples, in order to obtain complete well-being; the purpose is to strengthen the local, national, subregional and regional capacity to promote the development of the health of the indigenous peoples of the region in an integrated and coordinated way and using the framework of the intercultural approach to health and human development.

20. The Health of the Indigenous Peoples of the Americas Programme is part of the efforts of PAHO to achieve the Millennium Development Goals and the renewal of the primary health care strategy and will be enriched in its application by the constant inputs of the regional, subregional, national and local experiences.

21. The Western Pacific Regional Office is now finalizing reviews of case studies concerning the health situation of indigenous people and ethnic minorities in the Philippines and Malaysia; a similar review for Viet Nam has already been completed (see *Health and Ethnic Minorities in Viet Nam*, WHO, June 2003).

III. Millennium Development Goals and indigenous peoples

22. WHO recognizes the importance of the collection and use of disaggregated data by ethnicity for the purpose of implementing the Millennium Development Goals. The WHO teams on health equity and human rights are jointly developing a process for data analysis to provide means for discerning health disparities across ethnic groups. The main objective is to analyse disparities in health on the basis of ethnic/indigenous affiliation. The research will determine whether health outcomes are unequally distributed across ethnic groups; which factors linked to ethnic groups explain the unequal distribution; and which factors play an important role explaining health problems within disadvantaged ethnic groups.

23. Within WHO, the Millennium Development Goals are being taken into account both in current work and in preparing the organization's goals. There is already a considerable degree of alignment in the direct health goals as nations draw on the existing body of work to build the United Nations Millennium Declaration. Since the inauguration of the Millennium Development Goals, WHO has moved itself and its priorities to better align with the specific goals and targets of the Goals, to make itself more capable of achieving the Goals. Three of the 8 Goals, 8 of the 18 targets and 18 of the 48 indicators are health related. The Millennium Development Goals do not provide a comprehensive list of health targets (for example, they lack indicators for reproductive health, reduction in non-communicable disease, and HIV treatment). However, they are an important milestone in progress towards health for all.

24. To contribute to the achievement of the Millennium Development Goals in the Americas, PAHO work has been directed to a number of priority areas such as maternal and child health, malaria, tuberculosis, reproductive health, water and sanitation, human rights, sexually transmitted infections — HIV/AIDS, access to water and sanitation.

25. In 2004, PAHO evaluated the achievements in health of the International Decade of the World's Indigenous Peoples as they relate to the Americas. The evaluation includes updating information on demographic as well as morbidity and

mortality indicators, emphasizing the areas tackled by the Millennium Development Goals. The main conclusions were as follows:

(a) Although there is a generalized lack of reliable disaggregated data to allow a precise description of indigenous people's health situation, all available data indicate the serious inequities that affect them. The following table presents some examples of this evidence;

(b) A lack of vital statistics or of service statistics disaggregated by ethnic group, gender and age group, as well as the lack of understanding of indigenous people's sociocultural characteristics, hinder the generation of evidence-based managerial processes and, as a result, the establishment of priorities and an adequate evaluation of the health situation, the living conditions and the health services coverage of the indigenous population both at the national and subnational levels;

(c) The training of health personnel for the delivery of appropriate services considering the sociocultural characteristics of the users, at both the level of the health authority and at subnational levels is limited;

(d) Although health policies address the needs of indigenous peoples in many countries of the Americas, adequate mechanisms for policy implementation still need to be developed or enforced;

(e) The present epidemiological profile of indigenous populations is associated with structural factors that determine the unmet basic needs among these peoples. Therefore, multisectoral and multidisciplinary work with the full involvement of the indigenous peoples is required to improve the health of indigenous peoples. Ongoing activities to achieve the Millennium Development Goals will require considering sociocultural aspects and specific indicators to address the inequities that affect indigenous and other vulnerable populations. This requires the political commitment and responsibility of the countries that share the Americas, international cooperation agencies, and the same indigenous organizations.

Millennium Development Goals	*Evidence on inequities*
1. Eradicate extreme poverty and hunger	In Guatemala, in 1998, 91.3 per cent of the indigenous population was poor in contrast to 55.6 per cent for the non-indigenous population (PAHO, 2002)
2. Achieve universal primary education	The conditions of poverty also worsen with the high indices of illiteracy. In Mexico, the illiteracy rates for the indigenous population is triple the national average (Comisión de Desarrollo de los Pueblos Indígenas de México, 2004)
3. Promote gender equality and empower women	In Guatemala, 68 per cent of absences from school were registered as children of illiterate mothers and 72 per cent of these absences were for indigenous children (PAHO, 2002)
4. Reduce child mortality	On average, infant mortality in the indigenous communities of Panama is 84 deaths per 1,000 live births compared with 17.2 per 1,000 live births in the country; 32 indigenous children under 5 per 10,000 die from diarrhoea compared with 6.4 per 10,000 at the national level. That is more than five times greater in comparison with the national average (Ministry of Health, 2000)
5. Improve maternal health	Something similar occurs in the departments with older indigenous populations and Afro-descendants in Honduras in reference to maternal mortality. In Atlántida (159 deaths per 100,000 live births), Lempira (190 deaths per 100,000 live births), Columbus (200 deaths per 100,000 live births), Copán (203 deaths per 100,000 live births), La Paz (229 deaths per 100,000 live births) and Intibucá (255 deaths per 100,000 live births), the maternal death rate is alarming and greatly surpasses the national average of 147 deaths per 100,000 live births (UNDP, Human Development Index, 1999; Secretaría de Salud, 1997; I. Soriano, 1999)
6. Combat HIV/AIDS, malaria and other diseases	In Mexico, the mortality from pulmonary tuberculosis among the indigenous population is two times higher that in the general population (Development Commission of the Indigenous People of Mexico, 2004). In Chiapas, Municipality of Chenalho, in Mexico, an area with a large proportion of indigenous population, data from 1999 indicated that among the 10 leading causes of death were measles and malaria. In Suriname, as in French Guiana, 70 per cent of the cases of malaria originated in the basin of the river Maroni, an area of settlement of indigenous peoples and those of African descent (Aldigheri, 2000)
7. Ensure environmental sustainability	Diseases caused by a scarcity or total lack of water, the bad conditions in which it is consumed as well as a lack of basic sanitation are among the principal causes of morbidity and mortality, particularly for indigenous children. In El Salvador, for example, 95 per cent of the surface water sources are contaminated, causing 4.1 diarrhoea episodes per year per child in children under 5 years of age; 40 per cent of the indigenous

Millennium Development Goals	*Evidence on inequities*
	children are malnourished in El Salvador, in comparison with 20 per cent in the country as a whole (report of the Project on Conditions of Environmental Sanitation in the Indigenous Communities, 2004)
8. Develop a global partnership for development	A supranational map of the Americas would show us multinational presence of indigenous peoples such as the Mayans of Mexico, Guatemala and Belize; the Quechuas of Colombia, Ecuador, Peru, Bolivia and Argentina; and the Guaranis of Bolivia, Paraguay, Argentina and Brazil. It is clear that the current borders are relative and cooperation among the countries involved is fundamental in addressing the health of those peoples

Annex

Health of the Indigenous Peoples Initiative

(Pan American Health Organization/World Health Organization)

Scientific, technical and public information

1. Indigenous Peoples and Health, Workshop '93, Winnipeg, Canada, Background document (English/Spanish), HSP/HSO, 1993.

2. Indigenous Peoples and Health, Workshop '93. Hemispheric Workshop (English/Spanish/French), HSP/HSO, 1993.

3. Health of the Indigenous Peoples (English/Spanish), HSP/HSO, HSP/D No. 1, 1993.[a]

4. Población y Pueblos Indígenas de las Américas (Spanish), HSP/HSO, 1993.

5. Taller Subregional para Mesoamérica Pueblos Indígenas y Salud (Spanish), HSP/HSO, 1994.

6. Taller de desarrollo profesional planificación para la Inciativa: Guía del Participante, Guía para el Facilitador (Spanish), HSP/HSO, 1994.

7. Toward a Comprehensive Approach to Health Guidelines for Research with Indigenous Peoples — Working Group on Research (English/Spanish), HSP/D No. 2, 1997.[a]

8. Taller Piloto Subregional Andino de Salud para los Pueblos Indígenas, Informe Ejecutivo — Santa Cruz, Bolivia (Spanish), HSP/D No. 3.[a]

Informe Ejecutivo Taller Subregional Mesoamericano Pueblos Indígenas, Quetzaltenango (Spanish), HSP/D No. 4, 1997.[a]

9. Incorporating a Gender Perspective in the Work with Indigenous Peoples, HSO/D No. 5 (English/Spanish), 1997.[a]

10. Fortalecimiento y Desarrollo de los Sistemas de Salud Tradicionales: Organización y Provisión de Servicios de Salud en Poblaciones Multiculturales (Spanish), HSP/D No. 6, 1997.[a]

11. Lessons Learned in Working with Indigenous Women and Health: The Experience in Guatemala, MSD17/8 (English/Spanish), HDP/HDW, 1997.[a]

12. Reunión de Trabajo sobre Políticas de Salud y Pueblos Indígenas, Quito, Ecuador, HSP/HSO (Spanish), 1997.[a]

13. Excerpts from: Health in the Americas, 2002, vols. I and II (English/Spanish), HSP/HSO, 1998.

14. Memoria Primer Encuentro Nacional de Salud y Pueblos Indígenas: Hacia una Política Nacional Intercultural en Salud, OPS/CHI, HSP/D No. 7 (Spanish), 1998.[a]

15. Health of Indigenous Peoples Initiative, Progress Report, 1997, HSP/HSO, HSP/D No. 8 (English/Spanish/Portuguese/French), 1998.[a]

16. Strategic Orientations for the Implementation of the Health of the Indigenous Peoples Initiative, HSP/D No. 9 (English/Spanish), 1998.[a]

17. Situación de Salud de los Pueblos Indígenas de Bolivia, HSP/HSO (Spanish), 1998.

18. Situación de Salud de los Pueblos Indígenas de Chile, HSP/HSO (Spanish), 1998.

19. Situación de Salud de los Pueblos Indígenas de Ecuador, HSP/HSO (Spanish), 1998.

20. Situación de Salud de los Pueblos Indígenas de Guatemala, HSP/HSO (Spanish), 1998.

21. Situación de Salud de los Pueblos Indígenas de Honduras, HSP/HSO (Spanish), 1998.

22. Situación de Salud de los Pueblos Indígenas de México, HSP/HSO (Spanish), 1998.

23. Situación de Salud de los Pueblos Indígenas de Perú, HSP/HSO (Spanish), 1998.

24. Situación de Salud de los Pueblos Indígenas de Venezuela, HSP/HSO (Spanish), 1998.

25. Health Conditions of Aboriginal Peoples in Belize, Guyana and Suriname, HSP/HSO (English), 1998.

26. Programas y Servicios de Salud Mental en Comunidades Indígenas, Grupo de Trabajo, Santa Cruz, Bolivia, HSP/D No. 10 (Spanish), 1998.[a]

27. Salud, Cultura y Territorio: Bases para una Epidemiología Inter-Cultural, Ministerio Salud, Chile (Spanish), 1998.

28. Mujer Ngöbe: Salud y Enfermedad, Panamá (Spanish), 1998.

29. Orientaciones de los Marcos Jurídicos hacia la Abogacía en Salud de los Pueblos Indígenas, HSP/D No. 11 (Spanish), 1998.[a]

30. Incorporación del Enfoque Intercultural de la Salud en la Formación y Desarrollo de Recursos Humanos, HSP/D No. 12 (Spanish), 1999.[a]

31. Traditional Health Systems in Latin America and the Caribbean: Baseline Information, HSP/D No. 13 (English/Spanish).[a]

32. Strategic Framework and 1999-2002 Action Plan, HSP/HSO (English/Spanish), 1999.[a]

33. Health of the Indigenous Peoples, References, HSP/HSO. See Access database in PAHO web page, www.paho.org.

34. Health of the Indigenous and Black Peoples of Honduras — Cultural Diversity and Processes of National Convergence (Spanish/English), 2001.

35. Pamphlet: Health of the Indigenous Peoples Initiative (English/Spanish), HSP/HSO, 2002.

36. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Ngöbe-Buglé, Panama, HSP/D No. 14 (Spanish), 2002.[a]

37. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Maya de Guatemala, HSP/D No. 15 (Spanish), 2002.[a]

38. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Mapuche de Makewe Pelale, Chile, HSP/D No. 16 (Spanish), 2002.[a]

39. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Garífunas de Honduras, HSP/D No. 17 (Spanish), 2002.[a]

40. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Quechua del Peru, HSP/D No. 18 (Spanish), 2002.[a]

41. Promoción de la Medicina y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Náhuat Pipil de Izalco, El Salvador, ELS Nos. 2 and 3 Series (Spanish).[b]

42. Traditional, Complementary and Alternative Medicine and Therapies in the Americas: Policies, Plans and Programmes, report of a workshop, Guatemala, HSP/D No. 20 (Spanish/English), 2002.[a]

43. Traditional Complementary and Alternative Medicines and Therapies — Evaluation Plan of Work 2000-2001 and Plan of Work 2002-2003 (Spanish/English), HSD/D No. 21.[a]

44. Directorio Centroamericano de Organizaciones No-gubernamentales y Entidades que trabajan por la Salud de los Pueblos Indígenas (Spanish), HSP/D No. 22, 2003.[a]

45. International Meeting, Health and Indigenous Peoples: "Achievements and Challenges in the Region of the Americas", Chile, November 2000 (English/ Spanish), HSP/D No. 23.

46. Bibliografía sobre salud de los niños indígenas, Sobre Atención Integrada a los Enfermedades Prevalentes de la Infancia (Spanish), 2004.

47. Crecer sanitos: estrategias, metodología e instr. para investigar y comprender la salud de los niños indígenas, Sobre Atención Integrada a los Enfermedades Prevalentes de la Infancia (Spanish), 2004.

48. Orientaciones para el fortalecimiento y desarrollo de los Programas de Malaria en zonas con población indígena, HSP/D (Spanish), 2004.

49. Harmonization of Indigenous Health Systems with the Conventional Health System: Strategies for Incorporating Indigenous Perspectives, Medicines, and Therapies into Primary Health Care, HSP/D No. 24 (English/Spanish), 2003.

50. Health of the Indigenous Peoples Initiative — Strategic Directions and Plan of Action 2003-2007 (English/Spanish), 2003.

Notes

[a] See www.paho.org/Project.asp?SEL=TP&LNG=ENG&ID=179&PRGRP=docs_gen.

[b] Available through PAHO, El Salvador.